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FAX**Date:** May 27, 2004**Pages (including cover):****To:** **EXR. JOHN H. HOFFMAN**
Art Unit 1731**Fax:** 703-872-9306**From:** Donald R. Studebaker #32,815**Docket No.** 740819-715**Message:** **The following documents are being presented for facsimile filing in the United States Patent and Trademark Office:**

1. Transmittal
2. Amendment

In re Patent Application of

Inventor(s): Hideaki ITO *et al.*

Serial No.: 10/018,369

Filed: December 19, 2001

For: METHOD FOR MANUFACTURING AN OPTICAL FIBER PREFORM

Due Date: May 27, 2004

CERTIFICATE OF TRANSMISSION [37 CFR 1.8(a)]

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Signature: Name: Linda C. Haynescc: File
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NVA296995.1

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PTO/SB/21 (08-00)

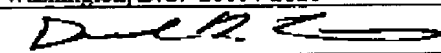
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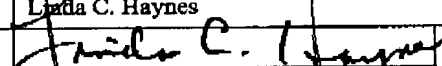
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/018,369
		Filing Date	December 19, 2001
		First Named Inventor	Hideaki ITO
		Group Art Unit	1731
		Examiner Name	John M. HOFFMAN
Total Number of Pages in This Submission		Attorney Docket Number	740819-715

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Other
Remarks	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Donald R. Studebaker, Reg. No. 32,815 Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128
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